

SALT RIVER COMMUNITY CHILDREN'S FOUNDATION

Contribution Request Form

			Date:	
	CON	TACT INFORMAT	ION	
Organization/Individual	dual Requesting Contrib	oution:		
Tax ID # (If an Orga	anization):			
Mailing Address:				
	Street	City	State	Zip
Contact Name:		Title/Position:		
Phone:	Fax:	E	E-mail:	
	CONTRIBUTI	ON REQUEST IN	ORMATIO	ON .
Requested Amount:		Date Funding is Ne	eded by:	
Number of Commun	nity youth to be served b	by this request:		
List the Name(s) and	d SRPMIC Enrollment I	Number for each part	ticipating you	uth:
	an. Include total costs, li eived (i.e. fundraising e			ich funding was received with organizations):

Mission Statement of Organization / Statement of Purpose for Contribution Request (attach pages as necessary):	ı additional

NOTICE TO APPLICANT

Please submit the following with your request:

- 1. Current academic grades for each school-aged child you are requesting a contribution for.
- 2. If your request is on behalf of an organization, submit a current copy of your § 7871(a)(1)(A, B, & C) or § 501(C)(3) determination letter.
- 3. Any related material pertaining to your organization or the intended purpose of your request.

Additional terms if contribution request is granted:

- 1. All Applicants that are granted funding must provide, at a minimum, a one page narrative report regarding how the contribution assisted and benefited the Community youth.
- 2. Photos are not required but are highly encouraged and accepted.

Grant Application Process for Organizations and large-scale youth projects:

1. The Salt River Community Children's Foundation operates an annual Grant Application process during the spring of each year. Please contact us to determine if the Grant Application process would better suit your organizations needs and intended purpose.

Return Completed Forms to:

Salt River Community Children's Foundation ATTENTION: Chairperson 10005 E. Osborn Road Scottsdale, AZ 85256